

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO

10 614026

FILING DATE

07-08-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20	/						70								
21	/						71								
22	/						72								
23	/						73								
24	/						74								
25	/						75								
26	/						76								
27	/						77								
28	/						78								
29	/						79								
30	/						80								
31	/						81								
32	/						82								
33	/						83								
34	/						84								
35	/						85								
36	/						86								
37	/						87								
38	/						88								
39	/						89								
40	/						90								
41	/						91								
42	/						92								
43	/						93								
44	/						94								
45	/						95								
46	/						96								
47	/						97								
48	/						98								
49	/						99								
50	/						100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	48						TOTAL DEP.								
TOTAL CLAIMS	50						TOTAL CLAIMS								